

**A Non-Profit Charitable Organization**  
**namiofkent.org** Website  
**(616)-559-0045** Phone

Affiliated with NAMI - The Nation's Voice on Mental Illness (nami.org) and NAMI Michigan, Alliance on Mental Illness of Michigan (namimi.org)

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**Winter, 2018**

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**PRESIDENT'S MESSAGE**

I greet each of you as we enter this holiday season. I am thankful for the many wonders of 2018.

NAMI Kent County is thankful for our members, participants in our monthly general meetings, monthly family support group, family discussion group, Family to Family class members, and those who trained to become leaders for Peer to Peer and Family to Family. There were also attendees of NAMI state & national conferences, national CIT conference & local CIT trainers/trainees, NAMI Walks participants/sponsors, community speakers/educators, committee members, community partners, the board of directors, and donors.

As a member of the NAMI Kent County affiliate, I would ask you to join our momentum moving forward into 2019. We are all part of this grassroots movement to raise awareness, educate, provide resources & support. Find the value you can bring to individuals, families and

our community. Get involved. Get others involved. Together we can #STOMPOUTSTIGMA!

Season's Greetings & Happy New Year to ALL!



Denise Koeper

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**NAMIWalks Recap - Thanks to everyone who supported and participated in the NAMIWalks Grand Rapids event on October 13 at Davenport University.**

The chilly morning gave way to a beautiful, sunny day for the 400+ people in attendance. The event featured an I Heart Radio DJ and participants were entertained with live music and the Davenport University drum line. Generous sponsors provided free food and beverages.

**So far, over \$44,000 has been raised.** Every dollar raised supports NAMI Michigan's mission to help people and families affected by mental illness--here and across the country. Additional donations can be made online at the walk website, <http://namiwalks.org/grandrapids>, through December 13. Please mark your calendars to join us next year: October 12, 2019.

## **NAMI Mission Statement**

**NAMI advocates for access to services, treatment, supports, and research and is steadfast in its commitment to raising awareness and building a community of hope for all of those in need. NAMI offers support and education programs for families and individuals living with mental health conditions.**

**NAMI recognizes that the fundamental concepts of recovery, resiliency, and support are essential to improving the wellness and quality of life of all persons affected by mental illness.**

### **NAMI Family Discussion Group Meeting Schedule:**

All meetings are from 6:30 pm to 8:00 pm at the Network 180 location on Fuller Ave. on the fourth Thursday of the month.

**December 27, 2018** – Practicing self-care.

**January 24, 2019** – Deciding whether an ill relative should live at home.

**February 28, 2019** – Understanding and being vigilant for suicide.

**March 28, 2019** – Discussing alternative and emerging therapies for mental health disorders.

**April 25, 2019** – Legal Issues: Guardianship vs. Power of Attorney, Involuntary vs. Voluntary Hospitalization, Criminal Justice System and Mental Health Court.

**May 23, 2019** – Setting realistic expectations and doing a better job of letting go.

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**Women Who Care Choose NAMI Kent County**

**By Pam Squire**

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Our local affiliate just received a donation of \$18,200! There is a local group of women called Women Who Care. They meet four times every year, and every member is committed to writing a check for \$100 to a local 501(c) (3) organization each time. They like to have a great impact on the charities they choose, so all of the checks from each meeting go to a single charity.

They have an interesting method by which they choose the charity. Any member of Women Who Care may nominate a charity by writing the name on a piece of paper and adding it to the shoe box. At the meeting, three pieces of paper are drawn from the shoe box, and the women who nominated each of the three charities each have five minutes to talk about the charity and tell why that charity needs and deserves the donation.

There is then five minutes for questions. After all three charities have been discussed, there is a vote to choose the charity that will receive the donation for this quarter.

I joined Women Who Care on Thursday, September 6 and nominated NAMI of Kent County that evening. I couldn't believe our name was drawn from the shoe box! I was even more surprised and humbled when our organization was granted the donation! This is a large amount of money, and the board will consider carefully the best way to use it to continue to bring our support and resources to people who need them.

There are many people in Kent County who need to know that they are not alone.

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**NAMI's New Phone Number  
(616)559-0045**

**Many questions are answered on our website but there is now phone access.**

## **Kent County CIT Training**

**By Tom Dooley**

Last month, November 5-9 of 2018, Kent County held its fourth Crisis Intervention Team (CIT) training for the many policing departments of the county.

The planning for these trainings began a year earlier on May 4, 2017, when Lt. Gov. Brian Calley joined healthcare, behavioral health, public safety and emergency responses professionals from 24 organizations and municipalities to announce a new Kent County initiative focused on providing better – and more coordinated – responses for adults struggling with mental health issues.

Representatives from the Kent County Chiefs of Police Association, Network180, Mercy Health Saint Mary's, NAMI of Kent, and others unveiled the Kent County Crisis Intervention Team, or KCCIT, during a morning's Grand Valley Metro Council meeting. Chairing the state of Michigan's Jail Diversion Council, Calley shared his support for the initiative, which was being introduced during Mental Health Awareness Month.

A \$50,000 grant from Network180, Metro Health Hospital Foundation and the Kent County Chiefs of Police Association was announced for the training of law enforcement agencies of the County.

Two week-long (each 40 hours) sessions were held in 2017 and two more this past year, 2018. Each session included many presentations by local mental-health experts and "scenarios" for the officers. These scenarios were a two-half-day series of exposures that each of the 35 officers had to go through during which they had to decide how to handle mental-health crises/encounters. For example, the officers

had to deal with a scenario of "suicide-by-cop" in which the officers had to decide if - and when to shoot. Officers had to use real guns, but they were loaded with paint bullets.

The final presentation of each of the training weeks was a wrap-up entitled "Family Perspective." This was delivered by Tom Dooley of NAMI, who has had many years' experience facilitating NAMI's Family Support Group, as well as his own personal lived experience.

Beginning in 2019, the planning and execution will be under a team led by police departments. NAMI will be asked for funding; the on-going details will be worked on after the Network180 Board meeting of December 3, 2018.

## **Aquinas Master of Arts in Clinical Mental Health Counseling Program (MAC)**

**By Molly R. Wilson, Ph.D., assistant professor counselor education**

### **Department of Psychology and Counselor Education**

In 2013, Aquinas College recognized a need for higher skilled mental health professionals to serve the region and, with that, an opportunity to help fill that need. According to the Bureau of Labor Statistics (BLS), the need for mental health counselors was expected to increase by 23% between 2013 and 2016 and will continue beyond that. According to the BLS, this area of the job market is growing "much faster than average." Some reasons for this growth are a greater acknowledgment of mental health problems and a decrease in mental health stigma. Thankfully, this has led to an increased willingness of people to seek mental health services. With this in mind, Aquinas College undertook the task of establishing a new master's degree to fill this need with the goal of providing a high quality,

personalized training program for mental health counselors. The program launched in August of 2016.

The Master of Arts in Clinical Mental Health Counseling (MAC) degree at Aquinas College is designed to prepare students to become highly skilled and competent mental health counseling professionals. Students begin applying basic counseling techniques right away. Within the first weeks in the program, students conduct peer-counseling sessions in an on-site counseling lab. Sessions are video recorded so that they can receive specific, direct feedback on their work and quickly get a feel for the unique counseling relationship. Hands-on experiences like this are integrated throughout the program, including practicum and internship in the field. Upon graduation, all students are eligible to become Licensed Professional Counselors in Michigan and other states. Mental health counselors can work independently upon becoming licensed and work to serve myriad client concerns in a wide variety of settings.

Compared to other counselor training programs in the area, Aquinas offers a unique educational setting by utilizing a cohort model, small class sizes, and supportive relationships with the faculty. By going through a majority of their classes together through the program, students can support one another throughout their growth processes in becoming counselors. Additionally, smaller class sizes allow for intimate discussion and greater levels of one on one guidance and feedback from faculty. The MAC program faculty are committed to supporting our students to becoming excellent counselors. Many have worked one on one with students in independent studies to tailor their educational experiences. We pride ourselves on being available to meet with students and helping them to decide on the best trajectory

towards achieving their goals. In our program, we work diligently to foster an environment of respect, self-reflection, support, and growth.

Anyone interested in finding out more about the program can explore our website: [aquinas.edu/mac](http://aquinas.edu/mac) or follow us on Facebook. Prospective students are welcome to reach out to individual faculty, or our graduate program coordinator to set up a time to meet in person, view our beautiful wooded campus, or sit in on a class to get a good sense of what it's like in the MAC program.

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**psychcentral.com**

### **Brain Imaging Study IDs 3 Types of Depression**

**By Traci Pedersen**  
**11/1/2018**

Japanese researchers have identified three types of **depression**, one of which is untreatable with the use of selective serotonin reuptake inhibitors (SSRIs), the most commonly prescribed medication for the condition.

The three distinct subtypes of depression were characterized by two main factors: functional connectivity patterns synchronized between different regions of the brain and **childhood trauma** experience.

Specifically, the brain's functional connectivity in regions involving the angular gyrus — associated with processing language and numbers, spatial cognition and attention — played a large role in determining whether SSRIs were effective in treating depression.

Patients with increased functional connectivity between the brain's different regions who had also experienced childhood trauma had a subtype of depression that was non-responsive to treatment by SSRIs drugs.

On the other hand, the other two subtypes — where the participants’ brains did not show increased connectivity among its different regions or where participants had not experienced childhood trauma — tended to respond positively to treatments using SSRIs drugs.

The findings are published in the journal *Scientific Reports*. For the study, scientists from the Neural Computational Unit at the Okinawa Institute of Science and Technology Graduate University (OIST), in collaboration with their colleagues at Nara Institute of Science and Technology and clinicians at Hiroshima University, collected clinical, biological, and life history data from 134 individuals.

Half of the participants were newly diagnosed with depression and the other half who had no depression diagnosis. All were asked about their sleep patterns, whether or not they had stressful issues or other mental health conditions.

Using magnetic resonance imaging (MRI), the researchers mapped the participants’ brain activity patterns in different regions. The technique they used allowed them to examine 78 regions covering the entire brain, to identify how its activities in different regions are correlated.

“It has always been speculated that different types of depression exist, and they influence the effectiveness of the drug. But there has been no consensus,” says Professor Kenji Doya. “This is the first study to identify depression subtypes from life history and MRI data.”

With over 3,000 measurable factors, including whether or not participants had experienced trauma, the scientists were faced with the dilemma of finding a way to analyze such a large dataset accurately.

“The major challenge in this study was to develop a statistical tool that could extract relevant information for clustering similar subjects together,” says Dr. Tomoki Tokuda, a statistician and the lead author of the study.

He designed a novel method that would help detect multiple ways of data clustering and the features responsible for it. Using this technique, the researchers identified a group of closely-placed data clusters, which consisted of measurable features essential for accessing the mental health of an individual. Three out of the five data clusters were found to represent different subtypes of depression.

This study not only identifies sub-types of depression for the first time but also identifies some underlying factors and points to the need to explore new treatment techniques.

“It provides scientists studying neurobiological aspects of depression a promising direction in which to pursue their research,” says Doya.

In time, the researchers hope that these findings will help psychiatrists and therapists improve diagnoses and treat their patients more effectively.

Source: Okinawa Institute of Science and Technology

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### **Inspirations for Living:**

- **“You are not your disorder.”**
- **“You are a person, not a problem.”**
- **“Your condition does not define you.”**

**“Never look at what you have lost; look at what you have left.”**

Robert H. Schuller

**"Difficult roads often lead to beautiful destinations."**

Mary Giliberti, CEO of NAMI

**"Whether an illness affects your heart, your legs, or your brain, it's still an illness, and there should be no distinction."**

Michelle Obama

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**fda.gov**

**TMS (transcranial magnetic stimulation) Treatment**

**August 17, 2018**

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Today, the U.S. Food and Drug Administration permitted marketing of the Brainsway Deep Transcranial Magnetic Stimulation System for treatment of obsessive compulsive disorder (OCD).

"Transcranial magnetic stimulation has shown its potential to help patients suffering from depression and headaches," said Carlos Peña, Ph.D., M.S., director of the Division of Neurological and Physical Medicine Devices in the FDA's Center for Devices and Radiological Health. "With today's marketing authorization, patients with OCD who have not responded to traditional treatments now have another option."

The most frequent adverse reaction was a headache reported by 37.5 percent of the patients who received the Brainsway device and by 35.3 percent of the patients who received the sham treatment. No serious adverse reactions related to the Brainsway device were reported. Other adverse reactions, such as application site pain or discomfort, jaw pain, facial pain, muscle pain, spasm or twitching, and neck pain, were reported as either mild or moderate and resolved shortly after treatment.

The Brainsway device is contraindicated for patients with metallic objects or implanted stimulator devices in or near the head, including cochlear implants, deep brain stimulators, vagus nerve stimulators, other implanted electrodes or stimulators, aneurysm clips or coils, stents, bullet fragments, jewelry and hair barrettes. During treatment with the device, the patient must use earplugs to reduce exposure to the loud sounds produced by the device. Patients with a history of seizures should discuss their history with their health care provider before receiving the device.

The FDA reviewed the Brainsway device through the de novo premarket review pathway, a regulatory pathway for some low- to moderate-risk devices that are novel and for which there is no legally marketed predicate device to which the device can claim substantial equivalence.

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### **Help Raise Money While Shopping**



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(<http://smile.amazon.com/ch/38-2342621>)

as your charity. When you make a purchase from [smile.amazon.com](http://smile.amazon.com) 0.5% of your purchase will go to NAMI. **Thank you for your support of NAMI Kent County.**

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### **Book Review**

**By Linda Grinstead**

**Baird, M. (2015)**

**He Wanted the Moon**

## New York: Broadway Books

**(This book is available in our lending library)**

Dr. Perry Baird was a medical genius who graduated magna cum laude from Harvard Medical School in 1928. During his career, he published significant papers and was often consulted by other physicians throughout the world. At this same time, he began experiencing bouts of **manic depression (bipolar)**, as it was called at that time. Through his love of research and groundbreaking experiments, he came to believe that manic depression was the result of a biochemical imbalance within the brain.

This book was written by Dr. Baird's daughter, Mimi, but the first half of the book is autobiographical. She has included her father's manuscripts describing his life, his treatment, and the loneliness of being hospitalized and ostracized due to his mental illness. It portrays the horrendous treatment given to people with his condition in the 1940s and is, at times, difficult to read. She also relays the secrecy surrounding his illness that existed within her own family. In an attempt to understand her father and his illness she has composed a very moving memoir. **The reader can only feel compassion for those with this condition and know that this short book is a testament to the human spirit.**

## **Grant Seeking Research for Nonprofits Main Library – 111 Library St NE**

Designed for beginner fundraisers, this brief course shows how your organization can identify potential funders and prepare to seek grants. Using the Foundation Directory Online Platinum, a database of 140,000 funding sources, students will compile a list of foundation prospects that match their organization's needs. We'll also briefly touch upon other grant sources, such as government

and business, and learn about various guidelines to proposal writing.

**autismcentersmi.org** 1000 East Paris Suite 160 GR 49546

**autismsupportofkentcounty.org**

**autismallianceofmichigan.org**

### PHONE

1-888-633-3239

1-800-442-4673

1-800-273-8255

Hotline

### NUMBERS:

Addiction

Eating

Self-harm and

Hotline

Hotline

Hotline

depression

**Suicide Prevention Hotline/Lifeline  
1-800-273-TALK (8255) or text: Crisis Text  
Line 741-741.**

### **IMPORTANT DATES TO REMEMBER:**

**NAMI of Kent County General Meeting** is on the **second Tuesday** of the month from **7:00 p.m. to 8:30 p.m.** at Network180, 790 Fuller Ave. NE, Entrance B, Board Room – 2<sup>nd</sup> Floor.

**December 11, 2018:**

**Annual Holiday Party.**

**Bring a dish to pass.**



**January 8, 2019:**

**Speaker: Hon. J. Joseph Rossi** will present the nature of his work in the Kent County Mental Health Court.

**NAMI Support Group Meetings** are held on the **third Tuesday** of each month from **7:00 p.m. to 8:30 p.m.** at Network180, 790 Fuller Ave. NE, Entrance B, Board Room 2nd Floor. The dates are December 18, January 16, and February 20.

### **LEAP Course – January 10, Detroit**

The course teaches family members, peers, mental healthcare and criminal justice professionals, how to create an alliance with people who have serious mental illness and anosognosia.

### **Train-the-Trainer Certification Course**

For those interested in becoming certified trainers to teach LEAP. Register at [leapinstitute.org/other-events](http://leapinstitute.org/other-events)

Friday, January 11 – for professionals only

Saturday, January 12 – Family and peers only

Mary will be sending out information about family-to-family classes, support groups, and peer to peer education classes as soon as it is available. **See our website ([namiofkent.org](http://namiofkent.org)) to sign up online or email Mary at [mmobley1958@gmail.com](mailto:mmobley1958@gmail.com) or reach her by phone 616-498-1635**

**All support groups and education classes will be held at Aquinas College in 2019.**

**Network180 Board Meetings** are held at **4:30 p.m.** on the **first Monday of each month.** These meetings are usually held at 790 Fuller Ave. NE in the Board Room, second floor and are open to the public. The dates are December 3, January 7, and February 4.

**DBSA (Depression/Bipolar Support Alliance) of Kent County (formerly PUSHH)**, a support group for persons with a depressive illness, and their families meets the **1<sup>st</sup> and 3<sup>rd</sup> Wednesdays** at **7:00 p.m.** at **Eastminster Presbyterian Church, 1700**

Woodward SE (one block south of the old Metropolitan Hospital). For more information, see [dbsagr.org](http://dbsagr.org) or Kristin Finn's website, [kristinfinn.com](http://kristinfinn.com).

### **Anxiety Resource Center**

A weekly **professionally-led support group** for **Anxiety Disorders** (including **trichotillomania** and **Obsessive-Compulsive Disorder**). **Wednesdays 4:30 to 5:30 p.m. and 7 to 8:30 p.m.**

[www.anxietyresourcecenter.org](http://www.anxietyresourcecenter.org)

**616-356-1614 312 Grandville Ave.**

### **CIT International Position Statement on Providing CIT Training In the Pre-service Academy**

The Crisis Intervention Team (CIT) model (also known as the Memphis Model) is a model of collaboration that includes specialist CIT officers as a core element. Rather than being a part of a special unit that only responds to mental health crisis calls; these officers serve general patrol duties until called on to respond to mental health related calls. According to the model, officers volunteer for the training, and are selected based on maturity and experience in order to be eligible to complete the training and become CIT certified. There is sound reasoning behind these criteria. Here, we specifically address the recommendation that officers have adequate on the job experience prior to completing CIT training and becoming certified.

While there is limited research specific to this issue, one peer reviewed published study did find that more experienced officers retained CIT related knowledge better than their peers with less time on the job. This finding is consistent with adult learning theory and the anagogical approach to adult learning, which maintains that adult learners accumulate a reservoir of experience that is a resource that

trainers can capitalize on to facilitate learning. Given the advanced nature of CIT training content, it makes sense to allow officers to develop a reservoir of basic policing knowledge and experience before engaging with the more advanced material. Recruits or officers with no or minimal street experience are less likely to have encounters to draw on in relation to the material presented in the 40-hour training. Additionally, recruit training largely focuses on teaching officers to utilize an authoritative approach to take immediate control of a situation when they arrive on the scene. However, intervening effectively with a person in crisis generally requires returning some sense of control to the distressed individual in order to bring about a safe outcome. This can be difficult distinction for a recruit or new officer to comprehend or implement and has the potential for creating delay and confusion in the officer's response which could lead to negative outcomes for officers and/or citizens.

A level of comfort with the handling routine police encounters such as that gained by more than a probationary period of patrol work enables experienced officers to make quick decisions about when it is appropriate to proceed with business as usual versus when CIT tactics are more likely to bring about a safe and satisfactory outcome. It is precisely because experience and the right motivation and disposition are necessary for a CIT officer, that CIT International recommends that applicants for CIT training are screened prior to being approved to take CIT training.

Additionally, from a cognitive load perspective, providing too much new information to recruits in pre-service training, when they do not have schema to anchor it to in their long-term memories, limits their ability to retain the material. New recruits in the

academy are overwhelmed with learning the basics of being a police officer and officer safety from a tactical perspective. While de-escalation tactics and techniques should be incorporated in every basic academy, many recruits (and in some cases, veteran officers) will continue to have a difficult time developing the empathy, skills and partnerships with their community resources that will allow them to transform into the "expert" officers that CIT Officers are meant to be.

Furthermore, agencies have experienced poor results after moving CIT training content to their pre-service academies. For example, several agencies have entered into consent decrees or settlement agreements with the US Department of Justice following findings of pattern and practice of excessive force against persons experiencing mental health crisis AFTER moving CIT training to the pre-service academy [see <http://citinternational.org/Investigative-Reports>].

Thus, while at face value, it may make sense to provide CIT training to all officers prior to their working independently on the street, as we want them to be as prepared as possible, there is some solid reasoning and emerging evidence that suggest this is not an optimal approach. While all should receive robust mental health awareness and de-escalation content in the academy, officers likely benefit more from the specialized CIT training after they have mastered the basic skills of being a police officer. More experienced officers are better able to incorporate the new knowledge and skills and move more fluidly between CIT skills and other strategies as situations require. This increases safety for the officer, the person in crisis and the training.

See [citiinternational.org](http://citiinternational.org) (888-738-2482) for more news about international CIT Training.